

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 12 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 3134  
Registrar's No. 8

Registration District No. 668

Primary Registration District No. 3032

1. PLACE OF DEATH:

(a) County. Pettis  
(b) City or town. Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Bothwell Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 2 days  
(Specify whether years, months or days) 10 years

3. (a) PRINT FULL NAME

DENNIS CURRAN

3. (b) If veteran.  
name war.

3. (c) Social Security No.

4. Sex. F

5. Color or race. W

6. (a) Single, widowed, married, divorced. 7

6. (b) Name of husband or wife.

6. (c) Age of husband or wife if alive. years

7. Birth date of deceased. Aug 13 1871  
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

70

4

22

hr.

min.

9. Birthplace

Cooper County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

Patrick Curran

13. Birthplace

Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name

Kelen Hengford  
(City, town, or county) (State or foreign country)

15. Birthplace

Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant

Miss Agnes Curran

(b) Address

Sedalia Mo

17. (a)

Burial

(b) Date thereof

Jan 7, 1942  
(Month) (Day) (Year)

(c) Place: burial or cremation

Calvary Cemetery

18. (a) Signature of funeral director

M. J. Lutzglin

(b) Address

Sedalia

19. (a)

1-5-42

(b)

Mrs Anna Berger

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Pettis  
(c) City or town. Sedalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 222 S Grand  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5  
year 1941 hour 1:35 minute 20 M.

21. I hereby certify that I attended the deceased from Dec 22 1941 to Jan 5 1942  
that I last saw him alive on Jan 4 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death. Myocardial Infarction  
Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)  
Chronic Coritis  
Acute Ectopic Cholelithiasis Intestinal

Major findings:  
Of operations.

Of autopsy.

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).  
(b) Date of occurrence.  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury

23. Signature of Registrar  
Address Sedalia Mo Date signed 1/10/42

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1022

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 3-11-42

NOV 2 1945

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.